

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIII, No. 8, August, 1915

From Some Editorial Notes:

California and the American Medical Association.—Probably nearly 50 per cent of the members of our State Society attended the sessions of the American Medical Association held in San Francisco in June. Up to the time of closing the registration on Wednesday night, for publication in the last Bulletin which was issued Thursday, 1,064 of our members had registered. A good many registered on Thursday though the exact count could not be obtained on account of the hurry and pressure of closing things up. That is a mighty good showing, as we think you will admit. . . .

Remember Your Friends.—There was a time, not so many years ago, when no respectable publication would refer to its advertisements or its advertisers. To be sure, many items boosting advertised things appeared in some periodicals—mostly medical (?) journals—but these were what is known as of the "reading notice" variety; carefully prepared by the advertiser and furnished to the publication; they were run as part of the advertising obligation. Now, however, and largely through the influence of your own Journal, all that has changed; we are proud of our advertisers and our advertising. Nothing goes into the advertising pages that is not as carefully scrutinized as the matter that goes into the reading pages. . . . Help your friends and those who help you. Read the advertisements in this issue.

Progress or Retrogression?—The new way of spelling "progress" and "reform" seems to be "politics" and "retrogression." Cheap politics mixed into medicine makes a pitiful mess, and especially when it comes to public health matters; for the people understand the importance of, to them little things, so not at all! . . .

Healthy Growth in California.—Every three years, according to the by-laws, the House of Delegates of the American Medical Association appoints a committee on reapportionment, which committee goes over the membership returns of the several state associations and determines the number of delegates which each state shall have for the next succeeding three years. This was the year of reapportionment, and the report of the committee made but two changes; California was given one more delegate, so for the next three years we shall have four delegates and not three, as previously. . . .

Good Legislators—And Others.—It has reached the attention of the Journal that some members of the last legislature who stood for better medical legislation have felt somewhat disturbed or annoyed because of our mild criticism of the net result of legislative effort. . . .

There is no good reason why we, as a profession and as an organized profession, should go to the legislature and beg for anything. We do not need protection, but the people do. If it is the wish and the will of certain legislators to remove the protection which just medical laws and high standards for medical licensure give to the people of the

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† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M. D.

Secretary-Treasurer

Board Proceedings

A regular meeting of the Board of Medical Examiners was held in Native Sons Hall, San Francisco, June 24 to 27, 1940.

One hundred ninety-two applicants wrote the examination, including physicians and surgeons, drugless practitioners, and chiropodists. A number of foreign émigré physicians who had completed the required one-year internship and satisfied the requirements of the California law were also included.

Seventeen licensed physicians and surgeons were on the calendar for hearing.

The licenses of Walter Hoyt, M. D., Gridley, and Theodosia Maude Ramer, M. D., San Diego, were revoked, based upon charges of alleged illegal operation.

Edith Mary Stoker was placed on probation for a period of three years, based upon conviction of a crime involving moral turpitude.

After hearing the evidence in the case of Nathan Housman, M. D., the Board voted the evidence was not sufficient to sustain the allegations in the complaint, and pending charges were dismissed.

On June 24, 1940, the Board restored the midwife license of Caterina Reorda (revoked on June 30, 1937) and she was placed on probation for a period of five years.

News

"Mobilization of the nation's physicians for service in time of war is being carried out swiftly under a program launched by the Surgeons-General of the Army and Navy, it was learned here last night. Every registered physician is getting a questionnaire in which he is asked to report his age, qualifications, and type of work desired in case of national emergency. The questionnaire is being carried [sent] out by the American Medical Association, and is expected, when completed, to furnish the military chiefs with a complete and detailed index of the nation's available resources in medical personnel. When this phase is completed, the organization program will be carried through to the end that, should war be declared, the entire medical branch of the service could be mobilized and set in operation on a few hours' notice." (San Francisco Examiner, June 20, 1940.)

"Two of Stanford's School of Medicine staff, whose combined length of service to the University is fifty-five years, will retire from active teaching posts in less than two weeks. They are Doctors Edward Sewall and Harvard McNaught. Both men, experts in eye, ear, nose and throat work, have been attached to the school for the medical students in Stanford Hospital in San Francisco. . . ." (Palo Alto Times, June 4, 1940.)

"Dr. Elmer Belt of Los Angeles and Dr. Francis Marion Pottenger of Monrovia were appointed members of the State Board of Health by Governor Olson today. Doctor Belt, attending physician at the Children's and other hospitals in Los Angeles, succeeds Gustave Wilson of Sacramento, whose term expired last January 15. He will serve

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† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.

FRENCH HOSPITAL

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LAURENT LALANNE, *Secretary*

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ELLIS D. HARMON, M.D.

HANS VON GELDERN, M.D., Con-

sultant

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University of California Medical Library, Medical Center, San Francisco.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco.

Barlow Medical Library (Los Angeles County Medical Association), 634 South Westlake, Los Angeles.

Nonprofit Hospitalization Corporations

In California, the three nonprofit hospitalization corporations named below are in operation:

Insurance Association of Approved Hospitals, 333 Pine Street, San Francisco; 675 East Santa Clara, San Jose; Easton Building, 428 Thirteenth Street, Oakland.

Associated Hospital Service of Southern California, 1151 South Broadway, Los Angeles.

Intercoast Hospitalization Insurance Association, 1127 "J" Street, Sacramento.

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state, the responsibility is up to them; they cannot avoid it; they cannot plead ignorance, for enlightenment, if they need it, will come with the request for it. But we firmly believe that most of those who vote to lower standards and to allow any old sort of freak to treat the sick or injured citizens of California, do so with their eyes open and to placate some of their constituents at the cost of the welfare of the whole people. Merely as citizens who understand, we extend our thanks to every member of the last legislature who worked or voted for proper medical standards, no matter what the result. . . .

From an Original Article on 'Some Typical Experiences with Syphilitic Patients,' by Victor G. Vecki, M.D., San Francisco.—The histories of the cases selected, each represents a group of cases treated in a different way.

(Continued on Page 7)

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Complete literature on Silver Picrate as used in genitourinary and gynecological practice will be mailed on request.

*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, *AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES*, Vol. 23, No. 2, pages 201-206, March, 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA, PA.

TWENTY-FIVE YEARS AGO

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There is no doubt that every single case of syphilis ought to be treated in the best way there is or, in my estimation, treated about as well as Cases 6, 7, and 8, related in the present report. Unfortunately, and as every syphilologist knows only too well, there are many conditions which prevent physician and patient from carrying out the best and ideal treatment in many a case.

Every person of any intelligence when told to be afflicted with syphilis declares at once the intention to do all possible to fight the evil, nothing would be too much, etc. But most of them relent in their zeal so soon as they see themselves free from any symptoms, and think themselves in perfect health. . . .

From an Original Article on "Notes on Angina Pectoris," by Dr. William Watt Kerr, San Francisco.—Angina pectoris, like ascites and dropsy, is a term used to designate a group of symptoms which probably are consequent upon a number of morbid changes reacting upon one another, but the exact interrelationship of which we do not at present understand. Yet the group is one of such importance and severity that it requires special treatment, and consequently angina pectoris is most frequently mentioned as if it were a disease.

The term originally meant a sense of suffocation, strangulation, or constriction in the chest, but this condition is so frequently overshadowed by the most intense and agonizing pain that popularly the first signification is almost forgotten, and pain is the idea suggested to the mind when the words are spoken.

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For Information Address: MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, New York City

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Visiting Staff:

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Harold Guyon Trimble, M.D., Oakland
Cabot Brown, M.D., San Francisco
J. Lloyd Eaton, M.D., Oakland

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Additional difficulties have arisen from poor classification of the cases. . . .

Angina pectoris is, therefore, a symptom of cardiovascular disturbance, just as tachycardia is another indication of various disorders in the same system. . . .

From an Original Article on "Dermatitis Caused by Primula Poisoning," by Douglass W. Montgomery, M.D., and George D. Culver, M.D., San Francisco.—Primula poisoning is probably not frequent, but curiously enough in the past few months we have run across quite a number of instances. Its previous infrequency may have been either due to absolute infrequency or to oversight on our part. In medicine, one usually finds only what one looks for, and in primula poisoning, as we shall see later, the cause must frequently be persistently searched out or it will not be found. The following case illustrates the intensity the disease may assume, and its elusive etiology. . . .

From an Original Article on "The Early Diagnosis of Pulmonary Tuberculosis," by Robert A. Peers, M.D., Colfax.—The title "The Early Diagnosis of Pulmonary Tuberculosis" should probably read "The Earlier Diagnosis of Pulmonary Tuberculosis" because, whether we believe that tuberculosis is essentially an infection of childhood with the later or secondary manifestations in adult life, or whether we believe that most infections take place later in life than childhood, we must all admit that the tubercle bacillus has been implanted and has been nourished and propagated within the human body for months, at least,

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HOSPITALS AND SANATORIUMS

The Institutions here listed have announcements in this issue of CALIFORNIA AND WESTERN MEDICINE. For Index, see advertising page 8.

ALEXANDER SANITARIUM Nervous and Mental Diseases Belmont, California	COMPTON SANATORIUM AND LAS CAMPANAS HOSPITAL Neuropsychiatric and General Compton, California	POTTENGER SANATORIUM AND CLINIC For the Treatment of Tuberculosis Monrovia, California
ALUM ROCK SANATORIUM For Treatment of Diseases of the Chest San Jose, California	FRANKLIN HOSPITAL Limited General Hospital Fourteenth and Noe Streets, San Francisco	PARK SANITARIUM Mental and Nervous Alcoholic and Drug Addictions 1500 Page Street, San Francisco, California
CALIFORNIA SANITARIUM For Treatment of Tuberculosis Belmont, California	FRENCH HOSPITAL General Hospital Geary at Fifth Avenue, San Francisco	SAINT FRANCIS HOSPITAL Limited General Hospital Bush and Hyde Streets, San Francisco
CANYON SANATORIUM For Treatment of Tuberculosis Redwood City, California	GREENS' EYE HOSPITAL Consultation, Diagnosis and Treatment of Diseases of the Eye Bush and Octavia Streets, San Francisco	ST. LUKE'S HOSPITAL Limited General Hospital 27th and Valencia Streets, San Francisco
COLFAX SCHOOL FOR THE TUBERCULOUS For the Treatment of Tuberculosis Colfax, California	LARKSPUR CONVALESCENT AND REST HOME For general cases, excluding psychoses 234 Hawthorne Ave., Larkspur	ST. MARY'S HOSPITAL General Hospital 2200 Hayes Street, San Francisco
	LAS ENCINAS SANITARIUM Nervous and General Diseases Las Encinas, Pasadena, California	TWIN PINES Convalescent and Neuropsychiatric Belmont, California
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TWENTY-FIVE YEARS AGO

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and in some cases for years before the symptoms develop sufficiently to call for treatment or to bring the patient to the physician. Thus it seems rather out of place to speak of early diagnosis when the disease has existed for many months. . . .

From an Original Article on "The Occurrence of Heart-Block in Acute Diseases," by Herbert W. Allen, M. D., San Francisco.—In the last ten years the number of reported cases of heart-block has reached very considerable proportions, due largely to the interest taken in the subject following the successful experimental production of the condition, and to the more general use of graphic methods in the study of cardiac diseases. The great majority of the reported cases are instances of the chronic variety, as usually met with in adult life. That heart-block may occur as a transient or even permanent feature of acute disease at any age is not, I think, very generally understood, nor is the importance of its recognition fully appreciated. . . .

From an Original Article on "Pitfalls in the Diagnosis of Renal Lithiasis," by Martin Krotoszyner, M. D., San Francisco.—In spite of the great strides made in the correct preoperative recognition of surgical renal lesions, and in spite of the many exact methods of examination by which renal surgery of late has advanced to an almost marvelous degree, the diagnosis of surgical kidney lesions is, nevertheless, in many instances very difficult and, not rarely, entirely impossible. The application of the majority or even of all of the many exact methods of examination at our disposal today does not always give reliable results of truly pathognostic value. . . .

From an Original Article on "Pediatric Situation in Europe and the Effect of the War on the Same," by John Adams Colliver, M. D., Los Angeles.—You have asked me to give you a résumé of the pediatric situation in Europe, and the effect of the war on the same. In doing this, I will briefly confine my remarks to my own experience and observation, taking each place in turn, and pointing out the things which to me seem most characteristic. . . .

From an Original Article on "Tuberculosis of the Female Genitals," by J. W. James, M. D., Sacramento.—The most important phase of tuberculosis from a gynecologist's standpoint is, as in so many other branches of medicine, diagnosis. The most frequent of the infections are probably those infecting the organs involved in the excretion of urine; but this brief article deals only with those organs essentially female, viz.: the uterus, tubes and ovaries, and the external genitals. . . .

From an Original Article on "Personal Experience with Cholecystectomy," by Lewis W. Allen, M. D., San Francisco.—In responding to the call for a paper before the society, it is my intention this evening to place before you my experiences in gall-bladder surgery and my conclusions deduced therefrom. I will not attempt any historical review of the subject as that can be found fully developed elsewhere. So also with the etiology, symptomatology, and diagnosis—fascinating as each of these subjects is, it is contrary to the purposes of this paper to enter into their discussion. . . .

From an Article on "Pan-American Medical Congress." Pursuant to an invitation by the President of the United States, authorized by act of Congress approved the third



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of March, 1915, the Seventh Pan-American Medical Congress convened in San Francisco on the 17th of June of this year. Owing to the short time between the authorization of the medical congress by the national Congress, a smaller attendance than was desired was realized, but in spite of the short time Argentina, Brazil, Cuba, Guatemala, Panama, Peru, Salvador, and Venezuela were ably represented by delegates in person, and not a few who could not attend contributed to the support of the meeting by dues and by writing and submitting papers. The object of this special congress is, succinctly: (1) To promote personal and fraternal relations between the members of the medical profession of the Western Hemisphere; (2) To make the medical profession of each country more familiar with the educational, scientific and other medical resources of all the other American countries; (3) To consider problems of sanitation and public health administration of both national and international importance to the countries and colonies concerned; (4) To promote the development of periodical and other medical literature best calculated to promote the interchange of thought, as well as practical scientific coöperation by and between an all-American medical profession; (5) To cultivate the medical sciences. . . .

From an Article on "City Tuberculosis Clinics."—Following in the footsteps of New York, Chicago, Philadelphia, Baltimore, Detroit and Milwaukee, Los Angeles at its recent election has started a division of tuberculosis in the health department; and with the two to one vote of the citizens there the city will have one municipal tuberculosis nurse for every one hundred cases that are registered. if they need supervision and care.

Other cities in California would do well to consider the advisability of following in the footsteps of Los Angeles.

It was shown very clearly in the vote the attitude of the voters toward the establishment of this municipal tuberculosis nursing, and the investment in a public health way to a community cannot be measured. . . .

BOARD OF MEDICAL EXAMINERS

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until 1944. Doctor Pottenger succeeds Dr. E. M. Palette of Los Angeles and will serve until 1943. He is medical director of the Pottenger Sanitarium and Clinic and a clinical professor of medicine at the University of Southern California." (Los Angeles Herald and Express, June 21, 1940.)

Appointment of Dr. Frank B. Young, Long Beach Surgeon, to the State Board of Health was announced today by Governor Olson. Doctor Young succeeds Dr. Roy Terry." (San Francisco Call-Bulletin, June 4, 1940.)

"The eligibility of patients able to pay for hospitalization, to enter the county hospital from communities where there are private hospitals, was questioned this week by Dr. P. S. Winner, new owner of the Fort Jones Hospital. Doctor Winner raised the question when he appeared before the County Board of Supervisors at their regular monthly meeting in Yreka on Tuesday. According to the physician, the county hospital is maintained primarily for the accommodation of patients lacking funds for treatment in private institutions, and is allowed by law to admit paying patients only in case of emergency or where private hospital facilities do not exist. The fact that Scott Valley

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